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Features of inflammatory bowel disease followed in a second level centre in Northern Italy

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TO THE EDITOR: Inflammatory bowel diseases (IBD) are chronic heterogeneous disorders of the bowel resulting from environmental precipitants in genetically susceptible individuals and are distinguished in two main phenotypes, Crohn's disease (CD) and ulcerative colitis (UC).[1] Recent publications pin-pointed modern understanding of the pathogenesis of UC and CD, wherein the former is conceived as the result of a prevalently increased membrane permeability, as opposed to the latter, which is thought of as an immune deficiency state. This could justify the fact that patients with IBDs frequently have extraintestinal manifestations including IBD-associated arthritis, sacroiliitis and ankylosing spondylitis.[2] Furthermore, it is now accepted that commensal enteric bacteria provide the constant antigenic stimulation that activates pathogenic T cells to cause chronic intestinal injury.[3]

The relevance of IBD is witnessed by the data published in the past two decades, that reported their increasing incidence not only in Western Countries but also in Asia, compared with previous data.[4] Despite several progresses obtained in the medical treatment of IBD, difficulties persist in their management, both in the acute and in the chronic phases.

We analyzed the charts of the outpatient clinic of Gastroenterology of the S. Croce and Carle Hospital of Cuneo, a second level facility with a catchment area of 590309 people. We focalized on 155 IBD patients, 93 (60%) with UC, 59 (38.1%) with CD, 3 (1.9%) with IBD unclassified (IBDU). The prevalence of UC was significantly higher than that of CD (P = 0.006). Among patients affected by UC 29 were females (31.2%) and 64 males (68.8%), with a statistically significant difference (P = 0.0004); among patients affected by CD there were 30 females (50.8%) and 29 males (49.2%) (P = 1). The geometric mean of the age at diagnosis, in UC patients, was 39.8 years (range 10-77); in CD patients the arithmetic mean of the age at diagnosis was 41.1 years (range 17–76) (P = 0.53). Among UC patients 8 (8.6%) were active smokers while 85 (91.4%) were non smokers or ex-smokers; among CD patients 15 (25.4%) were active smokers while 44 (74.6%) were non smokers or ex-smokers (P =

0.001). Based on the Montreal classification, UC patients were divided as follows: 12 (12.9%) with proctitis (E1), 38 (40.9%) with left-sided colitis (E2), 43 (46.2%) with extensive colitis (E3). Considering CD patients they were divided as follows: 21 (35.6%) with ileal (L1) location, 13 (22%) with colonic (L2), 23 (39%) with ileocolonic (L3), and 2 (3.4%) with isolated upper disease (L4).

A history of perianal disease was present in 11 (18.6%) CD patients, in 2 (2.2%) UC patients and none IBDU patient. This difference was significantly higher in case of CD (P = 0.001). Considering the extraintestinal manifestations among patients with UC, 2 (2.2%) suffered from peripheral spondyloarthropathy, 2 (2.2%) from nodosum erythema, 1 (1.1%) from primary sclerosing cholangitis. Among patients with CD, 2 (3.3%) suffered from axial spondyloarthropathy, 2 (3.3%) from nodosum erythema, 1 (1.7%) from peripheral spondyloarthropathy. No extraintestinal manifestations were found among patients with IBDU. There was no statistical difference between UC and CD patients (P = 0.79). In the UC group, 7 patients (7.5%) underwent colectomy while in CD group 19 (35.8%) patients underwent bowel resection. Despite disputed effectiveness is present in literature about it efficacy,[5, 6] in real practice 76.3% of patients affected by CD are treated with (at least) mesalazine.

Considering treatment with azathioprine, 18 UC patients (12.4%) *versus* 29 CD patients (49.2%) were taking or have already taken this drug. Considering treatment with biologic therapies, 3 UC patients (3.2%) were taking or have already taken adalimumab and 13 (14%) infliximab; among CD patients, 10 (16.9%) were taking or have already taken adalimumab and 9 (15.3%) infliximab.

In conclusion in our centre UC is more prevalent than CD, males are more frequently affected than females in case of UC, active smokers are more prevalent in CD, the prevalence of perianal disease in CD patients is 18.6%, mesalazine is still taken by 76.3% of CD patients, more CD patients take immunosuppressant or adalimumab than UC patients.

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